## **EIPP COMPREHENSIVE HEALTH ASSESSMENT (CHA): Prenatal**

Date:	ID Numb	er:								
Last Name:		First I	Name:				DOB	:	Age:	
Street Address:		Cit	y:			State: <u>M/</u>	A_ Zip Code: _			
Mailing Address:		Cit	y:			State: _	MA_ Zip Cod	de:		
Phone Number:		Alternate C	Contact:							
OB-GYN/Midwife Name:					0	B-GYN/Midwife I	Phone Number:			_
Initial Prenatal Care Began which trimester (o	circle one):	1 <sup>st</sup> 2 <sup>nd</sup> 3	3 <sup>rd</sup> N	Number of P	renatal Visit	s attended thus	far:			
Has Pediatrician been Selected (circle one):	Yes/No P	ediatrician's Na	me:				Pediatrician's F	Phone Number:		
OVERALL LEVEL OF STRENGTH:										
	AL JUDGE	MENT BASED	ON ASSE	ESSMENT	OF INDICA	TORS AND CO	PING STRATE	GIES USED		
Overall Level of 0 (Unable to Strength Assess)		1 (low)				2 (moderate)			3 (high)	
PROBLEM LIST:										
Problem		Date Identif	fied			Actions Ta	aken		Date R	esolved
HOUSEHOLD COMPOSITION:										
Name Gender	# weeks		Plan to BF?	Age	DOB	Relation	Living in Home?	English?	Concer	ns
F						Self	Yes			

		KAA#1: Access and	Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	2 /h:h)
1a: Housing	Unable to Assess	Repeated history /current homelessness     At risk of eviction     No working phone	History/at risk of homelessness     Owes back rent, fuel & utilities     Phone recently disconnected	3 (high)     History of maintaining long term, stable housing     Fuel/Utilities on, paid, & functioning long term
1b: Health	Unable to Assess	No health insurance     No access to medical or dental care	<ul> <li>Healthy Start or Health Safety Net Fund</li> <li>At risk of losing health insurance</li> <li>Some barriers to accessing medical and/or dental care</li> </ul>	<ul> <li>Working telephone available</li> <li>MassHealth or private insurance</li> <li>Receives medical home with regular care</li> <li>Receives regular dental care</li> </ul>
1c: Education	Unable to Assess	Less than 10 <sup>th</sup> grade education     Unable to set educational or career goals	<ul> <li>High school diploma or GED</li> <li>Sets and pursues short term educational and career goals</li> </ul>	College or advanced degree     Sets and pursues long tem educational and career goals
1d: Economics	Unable to Assess	<ul> <li>No or minimal income</li> <li>FOB not contributing financially</li> <li>Loss of job/school due to pregnancy</li> <li>No child care available</li> <li>No transportation</li> <li>Unable to prioritize or budget</li> </ul>	Unable to meet all basic financial needs FOB sporadically contributes financially Job/school security threatened by pregnancy Sporadic child care available Sporadic transportation available Needs assistance with budgeting and prioritizing	Adequate income for living expenses     FOB contributes financially     Job/school accommodating pregnancy     Adequate child care available     Reliable transportation available     Able to budget and prioritize
1e: Community Support	Unable to Assess	<ul> <li>No culturally &amp; linguistically appropriate information about community resources and services available</li> <li>Overwhelmed and immobilized</li> <li>Unable to access services</li> <li>No social supports and isolated</li> </ul>	Limited culturally & linguistically appropriate information about community resources and services available Difficulty in accessing services in the past Has limited friends and family in area who are supportive and helpful when needed	<ul> <li>Has culturally &amp; linguistically appropriate information about community resources and services available</li> <li>Verbalizes past successes in accessing services</li> <li>Has friends and family in area who are supportive and helpful when needed</li> </ul>
	USE C	LINICAL JUDGEMENT BASED ON ASSESSME	NT OF INDICATORS AND COPING STRATEGIES	USED
Overall Access and Utilization of Care Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

			Women's Health	
			el of Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
2a: Family Planning	Unable to Assess	<ul> <li>No knowledge of BCM</li> <li>Never used BCM</li> <li>Unplanned pregnancy</li> <li>May have Hx of STI</li> <li>Unable to negotiate BCM use with partner</li> </ul>	<ul> <li>Some Knowledge of BCM options</li> <li>Used BCM in past</li> <li>Unplanned pregnancy</li> <li>May have Hx STI</li> <li>Conflict with partner on BCM use</li> </ul>	<ul> <li>Success with BCM</li> <li>Planned pregnancy</li> <li>No hx of STIS</li> <li>Partner supportive of BCM</li> </ul>
2b: STI's/HIV	Unable to Assess	<ul><li>Never practices safer sex</li><li>High risk for STI</li></ul>	<ul><li>Usually practices safer sex</li><li>Moderate risk for STI</li></ul>	<ul><li>Practices safer sex</li><li>Verbalizes barrier methods</li><li>Low risk for STIs</li></ul>

Overall Women's Health Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
0	USE C	LINICAL JUDGEMENT BASED ON ASSESSMEI	NT OF INDICATORS AND COPING STRATEGIE	S USED
2c: Reproductive Health  2d: Other Women's Health Concerns	Unable to Assess  Unable to Assess	<ul> <li>Inadequate prenatal care</li> <li>Pregnancy at high risk for poor outcomes</li> <li>Hx of prior pregnancy loss</li> <li>Pregnancy result of trauma</li> <li>Does not verbalize danger/complication signs in pregnancy and does not know when to contact health care provider.</li> <li>Does not verbalize knowledge of normal maternal physical changes in first year of parenthood.</li> <li>Lack of knowledge re health concerns</li> <li>PCP not identified</li> <li>Inadequate Hx of annual physical exam with screenings</li> </ul>	<ul> <li>Receiving prenatal care</li> <li>Pregnancy with complications but coping well</li> <li>Hx of prior pregnancy loss but received professional help</li> <li>Verbalizes some danger /complication signs in pregnancy and knows when to contact health care provider.</li> <li>Verbalizes some knowledge of normal maternal physical changes in first year of parenthood.</li> <li>Verbalizes some health concerns Identifies PCP</li> <li>Irregular Hx of physical exams with screenings</li> </ul>	<ul> <li>Adequate prenatal care</li> <li>Free from health complications and major stress during pregnancy</li> <li>No Hx of prior pregnancy loss</li> <li>Verbalizes danger/complication signs in pregnancy and knows when to contact health care provider.</li> <li>Verbalizes knowledge of normal maternal physical changes in first year of parenthood.</li> <li>Verbalizes health concerns</li> <li>Identifies PCP</li> <li>Annual physical exam with screenings-knows results</li> </ul>

		Level o	f Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
3a: Mom's Oral Health	Unable to Assess	<ul> <li>Never received dental care</li> <li>Irregular brushing</li> <li>Does not use floss</li> <li>No fluoride</li> </ul>	<ul> <li>Irregular dental care</li> <li>No cleaning during pregnancy</li> <li>Brushes daily</li> <li>Irregular floss</li> <li>Occasional fluoride in diet</li> </ul>	<ul> <li>Regular dental care</li> <li>Cleaning during pregnancy</li> <li>Brushes at least 2x day</li> <li>Flosses 1x a day</li> <li>Verbalizes connection between oral hygiene and preterm birth</li> <li>Fluoride in diet</li> </ul>
	USE C	LINICAL JUDGEMENT BASED ON ASSESSMI	ENT OF INDICATORS AND COPING STRATE	EGIES USED
Overall Oral Health Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

		Level o	f Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
4a: Maternal Nutrition and Weight Gain	Unable to Assess	<ul> <li>No Knowledge of basic nutrition, Hx. of eating problems</li> <li>Over weight or under weight for pregnancy</li> <li>Does not follow recommended special diet</li> <li>Lack of food representing most food groups for meeting families needs</li> <li>Exposed to foods, herbals, OTC, and medications that may be harmful</li> </ul>	<ul> <li>Some knowledge of basic nutrition</li> <li>May have Hx of eating problems</li> <li>Maintaining healthy weight for pregnancy is challenging</li> <li>Does at times follow recommended special diet</li> <li>May lack food representing some of the food groups for meeting families needs</li> <li>Some knowledge/ inconsistently avoids foods, herbals, OTC, and medications that may be harmful</li> </ul>	<ul> <li>Knowledge of food groups</li> <li>No Hx. of eating problems</li> <li>Maintains healthy weight for pregnancy</li> <li>Able to follow any recommended special diet</li> <li>Adequate food representing all food groups for meeting families needs</li> <li>Avoids foods, herbals, OTC, and medications that may be harmful</li> </ul>
	USE C	LINICAL JUDGEMENT BASED ON ASSESSME	ENT OF INDICATORS AND COPING STRATEGIE	S USED
Overall Nutrition Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

			: Breastfeeding I of Strength	
Indicators	Unable to Assess	1 (low)  Doesn't understand benefits of	2 (moderate)  • Undecided about breastfeeding	3 (high)  • Verbalizes benefits of breastfeeding
5a: Plans for Breastfeeding	Unable to Assess	breastfeeding  Does not intend to breastfeed  Unwilling to access breastfeeding information  Partner/family unsupportive and uninformed about breastfeeding	<ul> <li>Undecided or unable to access breastfeeding info</li> <li>Partner/Family supportive but may not be informed</li> </ul>	<ul> <li>Able to access breastfeeding info</li> <li>Partner/Family supportive and informed of breastfeeding</li> </ul>
	USE C	LINICAL JUDGEMENT BASED ON ASSESS	MENT OF INDICATORS AND COPING STRATEGIE	S USED
Overall Breastfeeding Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
Additional Comme	nts:			

			ysical Activity f Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
6a: Maternal Physical Activity	Unable to Assess	<ul> <li>Lack of knowledge of importance of physical activity for self/family.</li> <li>Lack of knowledge of interrelationship between diet and physical activity.</li> <li>No regular physical activity, physician approves activity.</li> <li>Watches television more than 2 hours a day.</li> <li>No help for physical condition</li> </ul>	<ul> <li>Some knowledge of importance of physical activity for self/family.</li> <li>Some knowledge of interrelationship between diet and physical activity.</li> <li>Sporadic physical activity upon physician approval.</li> <li>Watches television about 2 hours a day.</li> <li>Some help for physical condition</li> </ul>	<ul> <li>Knowledge of importance of physical activity for self and her family.</li> <li>Knowledge of interrelationship betweer diet and activity.</li> <li>Participates in regular physical activity upon physician approval.</li> <li>Watches television less than 2 hours a day.</li> <li>Adequate help for physical condition</li> </ul>
ı	USE C	, , ,	NT OF INDICATORS AND COPING STRATEGIE	, , ,
Overall Physical Activity Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)

		KAA#7: Cognitiv	ve and Perceptual	
		Level of	Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
7a: Cognitive and Perceptual	Unable to Assess	<ul> <li>Limited cognitive and perceptual abilities; difficulty understanding and using new information.</li> <li>Unable to verbalize methods of learning that are most effective for her.</li> <li>Verbalizes/demonstrates no confidence in problem solving abilities; unable to describe rationale behind decisions made.</li> </ul>	<ul> <li>May have limited cognitive and perceptual abilities; able to understand &amp; use new information.</li> <li>Verbalizes some methods of learning that are most effective for her.</li> <li>Verbalizes/demonstrates some confidence in problem solving abilities; able to describe rationale behind decisions made.</li> </ul>	<ul> <li>Adequate cognitive and perceptual abilities; able to understand and use new information.</li> <li>Verbalizes methods of learning that are most effective for her.</li> <li>Verbalizes/demonstrates confidence in problem solving abilities; able to describe rationale behind decisions made.</li> </ul>
	USE C	LINICAL JUDGEMENT BASED ON ASSESSME	NT OF INDICATORS AND COPING STRATEGIE	S USED
Overall Cognitive and Perceptual Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
Additional Commen	its:			

	KAA#8: Environmental Health and Safety			
		Level of	Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
8a: Lead Poisoning	Unable to Assess	<ul> <li>Lead in environment</li> <li>Denies dangers of lead poisoning; precautions not taken</li> <li>Unable or unwilling to access annual lead testing of children</li> </ul>	<ul> <li>Concern for lead in environment</li> <li>Verbalizes some of the dangers of lead poisoning; some precautions are taken</li> <li>Some barriers or has not accessed annual lead testing of children</li> </ul>	<ul> <li>Lead free environment</li> <li>Verbalizes the dangers of lead poisoning; precautions are taken</li> <li>Verbalizes the need for annual lead testing of children to the age of four.</li> </ul>

Overall Environmental	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)
0	USE C	CLINICAL JUDGEMENT BASED ON ASSESSME	NT OF INDICATORS AND COPING STRATEGIE	SUSED
8e: Occupational Hazards	Unable to Assess	<ul> <li>Exposed to occupational hazards</li> <li>Precautions not taken</li> </ul>	<ul> <li>Verbalizes some knowledge of occupational hazards</li> <li>Precautions taken inconsistently</li> </ul>	<ul> <li>No exposure to occupational hazards</li> <li>Precautions taken</li> </ul>
8d: Housing	Unable to Assess	<ul> <li>Major safety concerns with housing exists (i.e. fire, mold, animals)</li> <li>Neighborhood unsafe</li> <li>No smoke detectors in place or functioning</li> </ul>	<ul> <li>Some safety concerns with housing</li> <li>Some concerns for safety of neighborhood</li> <li>Some smoke detectors in place and functioning</li> </ul>	<ul> <li>No major safety concerns with housing</li> <li>Neighborhood is safe</li> <li>Smoke detectors are in place and functioning</li> </ul>
8b: Asthma  8c: Injury Prevention	Unable to Assess  Unable to Assess	asthma not controlled  Unable to verbalize triggers of asthma including molds, pet dander, dust mites, second hand smoke, and cockroaches  Precautions not taken  Parent does not know First Aid/CPR  Emergency numbers not available  Does not verbalize knowledge of car seat safety and does not plan or cannot obtain approved car seat  Does not verbalize knowledge of major childhood injury risks and does not practice prevention  Does not verbalize knowledge of common safety hazards in home and does not practice prevention  Does not use appropriate handwashing  Weapons present and not secured	asthma somewhat controlled  Verbalizes some of the triggers of asthma including molds, pet dander, dust mites, second hand smoke, and cockroaches  Some precautions taken  Parent learning basic First Aid/CPR  Some emergency numbers available  Inconsistent use of seat belt  Learning car seat safety and experiences some barriers in obtaining approved car seat  Some knowledge of major childhood injury risks and inconsistently practices prevention  Some knowledge of common safety hazards in home and inconsistently practices prevention  Inconsistent handwashing  Weapons present but secured appropriately	present with asthma in control Verbalizes the triggers of asthma including molds, pet dander, dust mites, second hand smoke, and cockroaches Precautions are taken Parent knows basic First Aid/CPR Emergency numbers available including poison control Consistent use of seat belt Verbalizes car seat safety and plans to obtain approved car seat Verbalizes knowledge of major childhood injury risks and consistently practices prevention Verbalizes knowledge of common safety hazards in home and consistently practices prevention Consistent, appropriate handwashing Weapons not present

KAA#9: Alcohol, Tobacco, and Other Drugs				
Level of Stre	ength			
Screening Tool: 5 P's Screening Tool and Intervention:	A Brief Intervention:			
Did any of your Parents have a problem with alcohol or other drug use?	ASK: Screen using the 5 P's			
Do any of your friends (Peers) have problems with alcohol or other drug use?	ASSESS: Is there a current problem? If so, how severe?			
Does your Partner have a problem with alcohol or drug use?	ADVISE: Recommend abstaining from alcohol/ drug use during pregnancy. Work			
Before you were pregnant did you have a problem with alcohol or drug use? (Past)	with patient's reaction using Motivational Interviewing skills. Provide educational			
In the past month, did you drink any beer, wine or liquor, or used other drugs? (Pregnancy)	materials to patient as needed. Refer to substance abuse professionals for further			
Have you SMOKED any cigarettes in the past three months?	assessment if necessary.			
A single "YES" to any of these questions suggests further assessment and brief intervention.	MONITOR: Follow-up on use and provide support			

	able to Assess	Positive screen, client use Use significantly impacts family functioning or precipitating family crisis	Positive screen for Peers, Partner, and Past– no current use     Family use mildly impacts family functioning	Negative Screen
0. 7.				
9b: Tobacco Unat	able to Assess	Mother smokes Smoking in home exposes family members to second hand smoke	<ul> <li>Mother has Hx of smoking</li> <li>Smokers in home smoke outside of the home</li> </ul> NT OF INDICATORS AND COPING STRATEGIE	Mother has no Hx of smoking     No use in home
Overall Alcohol, Tobacco, and Other Drugs Level of Strength	able to Assess)	1 (low)	2 (moderate)	3 (high)

		KAA#10	: Violence		
		Level of	f Strength		
<ul> <li>Has a current or</li> <li>Has a boyfriend,</li> <li>Have you ever h</li> <li>Are you feeling a</li> <li>Additional Assessm</li> <li>If feels unsafe —</li> <li>If current violend</li> <li>Will you be safe</li> </ul>	elt afraid or unsafe with a former partner ever hit, ki /partner/husband ever trie had any kind of unwanted at all unsafe in any way in the tight of the tight and the tight and the tight and the tight are the tight and the tight are the tight and the tight are the tig	boyfriend/partner/husband? cked, choked, or threatened you? d to control you? or forced sexual contact? your relationship currently? unswered positively: out what is making you feel unsafe? sased or become more severe recently? e today?	. On ongui	<ul> <li>Articulate of Offer reference</li> <li>Follow-up</li> <li>Develop so Advocate of Advocate</li> </ul>	for disclosure concern for safety and well-being ral/resources soon afety plan if appropriate, consult with DV at SAFELINK at 877-785-2020 ety – file 51A if needed, consult with DCF DV Unit
Indicators	Unable to Assess	1 (low)	2 (moderate)		3 (high)
10a: Interpersonal and Family Violence 10b: Child Abuse and Neglect	Unable to Assess Unable to Assess	<ul> <li>IPV endangering safety of any family members</li> <li>Positive screen within one year</li> <li>Current abuse</li> <li>Children have been or will be placed outside home</li> <li>No communication or contact between one/both parents &amp; kids</li> <li>Open conflict between parents</li> <li>Children have witnessed IPV</li> <li>Parents unable to distinguish between discipline and abuse</li> <li>Current DCF involvement</li> </ul>	Positive IPV screen > one no current risk     No present/ Hx of IPV with partner     Does not interfere with fant the control of the control of the control of the control of the current of the control of the control of the control of the control of the current of the cur	year ago and n current mily functioning aggression or elationship but ely lity to set limits ucture eived ut resolved	Negative IPV screen      Children live with one or both parents in stable family     Parents/partners communicate well with each other and with children     Children appear happy/ well-adjusted     Parents confident in setting limits     Hx of abuse/ neglect for self or kids     No Hx of DCF involvement
Overall Violence	USE C	LINICAL JUDGEMENT BASED ON ASSESSME	ENT OF INDICATORS AND COPI	NG STRATEGIE	S USED
Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)		3 (high)
Additional Commen	ts:				

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			otional Health				
		Level of	Strength				
Emotional Health Screening Questions:  Over the last 2 weeks how often have you been bothered by the following problems?  0=Not at All 1=Several Days 2=More than half the days 3=Nearly every day  1. Had little interest or pleasure in doing things? 0 1 2 3  2. Feeling down, depressed or hopeless? 0 1 2 3  3. Feeling scared or panicky for no reason? 0 1 2 3  4. TOTAL SCORE If Score> 3, Full Screen Required			<ul> <li>Full Screen if ≥3:</li> <li>1. Functional impairment: Have these problems made it difficult for you to do your work, take care of things at home, or get along with other people? Yes No</li> <li>2. Major new life stressors? Yes No</li> <li>3. Previous Hx of depression emotional health concerns? Yes No</li> <li>4. Current treatment for depression/MH condition? Yes No</li> </ul>				
Indicators	Unable to Assess	1 (low)	5. Thoughts of being better off dead, hurting 2 (moderate)	3 (high)			
11a: Psychosocial or mental health issues including post partum depression	Unable to Assess	Score ≥ 3 on Emotional Health Screen     Responds positively to Full Screen     No Knowledge of PPD     Changes in appetite, sleep, energy or activity that impact ADL     Hx of depression or hospitalization     Current use of antidepressants     Current or Hx of suicide or expression of wanting to hurt others	<ul> <li>Score 1-2 on Emotional Health Screen</li> <li>Some knowledge of PPD</li> <li>Some changes in appetite, sleep, energy or activity, but no major impact on ADL</li> <li>Hx of depression – treated professionally</li> <li>No past hospitalization</li> <li>Past use of antidepressants</li> <li>Hx of suicidal ideationtreated professionally</li> </ul>	Score 0 on emotional health screen     Knowledge of PPD     No changes in appetite, sleep, energy or activity level except as related to normal PP changes     No current or past Hx of depression     No past hospitalizations     No Hx/current use of antidepressant     No Hx/current suicidal ideation or expressions of wanting to hurt others			
11b: Maternal Stress and Anxiety	Unable to Assess	<ul> <li>Positive response to #3 on Emotional Health Screen</li> <li>Physical or emotional stress – feeling overwhelmed</li> <li>Current unhealthy coping mechanism (drugs, unsafe sex, excessive food, tobacco use, uncontrolled anger/violence, rage)</li> </ul>	<ul> <li>Negative response to #3 on Emotional Health Screen</li> <li>Some physical or emotional symptoms indicating stress</li> <li>Hx of poor coping strategies but recognizes/sought professional help</li> </ul>	<ul> <li>Negative Response to #3 on Emotional Health Screen</li> <li>No physical or emotional symptoms indicating stress response</li> <li>Current healthy coping strategies</li> <li>Avoids unhealthy coping mechanisms (drugs, unsafe sex, excessive food, tobacco, violence)</li> </ul>			
11c: Trauma and Loss	Unable to Assess	<ul> <li>Current trauma or loss</li> <li>Poor coping in response to trauma or loss</li> <li>Hx/Current abuse (sexual, physical, verbal) not addressed</li> <li>Witnessed violence</li> </ul>	<ul> <li>Hx/Current trauma/loss-sought professional help</li> <li>Hx of poor coping in response to trauma/loss-sought professional help</li> <li>Hx of abuse (sexual, physical, verbal)-professional help sought</li> <li>Witnessed violence-professional help sought</li> </ul>	No Hx of trauma or loss     Healthy coping in response to trauma or loss     No Hx of abuse (sexual, physical, verbal No violence witnessed			
11d: Self Concept/Self Perception	Unable to Assess	Poor sense of self/ low self-esteem     Negative impact of parenthood on lifestyle	<ul> <li>Hx of low self-esteem</li> <li>Some negative impact of parenthood on lifestyle but positive impact outweighs negative impact</li> </ul>	Positive sense of self     Positive impact of parenthood on lifestyle			
11e: Relationships	Unable to Assess	<ul> <li>Feels isolated from people, agencies, services or unable to access help with physical, emotional and social needs</li> <li>Feeling alienated/isolated from partner, family, and/or friends</li> </ul>	<ul> <li>Identifies people, agencies, services for help with physical, emotional and social needs; not always accessed</li> <li>Relationship with partner, family and/or friends is sometimes strained</li> </ul>	<ul> <li>Identifies people, agencies, services for help with physical, emotional and social needs</li> <li>Communicative, supportive and close relationship with partner, family and friends</li> </ul>			
	USE (	CLINICAL JUDGEMENT BASED ON ASSESSME	NT OF INDICATORS AND COPING STRATEGIE	S USED			
Overall Emotional Health Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)			

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			ealthy Parenting				
Level of Strength							
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)			
12a: Parent's Expectations	Unable to Assess	<ul> <li>Pregnancy has negative impact on family</li> <li>Pregnancy precipitating family crisis</li> <li>Unable to verbalize likable traits of baby</li> <li>Unrealistic expectations of baby's impact on family functioning</li> </ul>	<ul> <li>Pregnancy adding serious stress to family but coping well</li> <li>Pregnancy contributes to family instability</li> <li>Verbalizes some likable attributes of baby</li> <li>Some unrealistic expectations of baby's impact on family functioning</li> </ul>	Verbalizes acceptance of & happiness with pregnancy     Pregnancy welcomed and desired by family     Verbalizes likable attributes of baby  Realistic expectations of baby's impact or family functioning			
	USE	CLINICAL JUDGEMENT BASED ON ASSESSM	ENT OF INDICATORS AND COPING STRATEGI				
Overall Healthy Parenting Level of Strength	0 (Unable to Assess)	1 (low)	2 (moderate)	3 (high)			

## KAA#13: Neonatal and Developmental Assessment: 0 (Unable to Assess)

KAA#14: Medical History and Physical Assessment									
Age:	GR:	P:	EDC:	Height:	Weight:	If Indicated:	B/P:	HR:	
RR:	Temp:	Allergies:	Current	Medications:		CAD	HTN		
Diabetes	Seizure	s As	sthma Urina	ary A	nemia/Coag	Thyroid Dx		Osteoporosis	
Mental Illnes	ss	Surgeries	Cancers (Breast, O	varian, Colon	•	Risk: Average?		Last CBE	
Last Mammogram Birth Defects/Genetic Susceptibility Diet BC Plans Any Risk Factors									
Skin: NP (Cap refill/Temp/Turgur WNL) Edema lesions erythema pruritus GI: NP(Adequate Appetite, Appropriate wt. Gain) Anorexia Nausea Vomiting Constipation									
<b>GU:</b> NP, Burning Frequency Incont. Painful Color Clarity <b>Prenatal:</b> 1 <sup>st</sup> tri 2 <sup>nd</sup> tri 3 <sup>rd</sup> tri <b>Repro:</b> NP increased/changed discharge odor bleeding Concerns:									
Overall Physical Assessment Level of Strength 0 (Unable to Assess) 1 (low) 2 (moderate) 3 (high)								3 (high)	
Additional Comments:									